

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FLING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		1				
10		1				
11		1				
12		1				
13	1					
14		1				
15		2				
16		2				
17		2				
18		2				
19		2				
20		1				
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25		2				
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50						
TOTAL IND.	3					
TOTAL DEP.	50					
TOTAL CLAIMS	53					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS								